## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation RESEIVED

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077				
1. TITLE OF NEWSPAPER The Hamlin County Herald Enterprise  2. DATE 9/17/2004  3. FREQUENCY OF ISSUE   3A. NO. OF ISSUES PUBLISHED ANNUALLY   3B. ANNUAL SUBSCRIPTION S				
	SHED ANNUALLY			STATE
		1 Kice 3 30 1 35		
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)				
(Not printers) PO BOX 207, Hayti, SD 57241				
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE				
DIDIISHED (Not printers)				
PU Box 50, Costkwood, SD 57223				
6. FULL NAME OF PUBLISHER: Gregory A. and Lee Anne Archer				
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and				
addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the				
names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name				
and address, as well as that of each individual must be given.  FULL NAME	COMPLETE MAILING ADDRESS			
Greg + Lee Anne Archer PO Box 50, Castlewood, SD 57223				
8. KNOWN BONDHOLDERS, MORTGAGES. AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1				
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so				
state. If more space is needed, list on back of this form.				5
Citizens State Bank				
	AVERAGE NO. CO	PIES	ACTUAL NO. COPIES	
9. EXTENT AND NATURE OF CIRCULATION	EACH ISSUED PRECEDIN	VG 12	ISSUED	
	MONTHS		NEAREST TO FILING DATE	
A.TOTAL NO. COPIES (Net Press Run)	650		650	
B.PAID AND/OR REQUESTED CIRCULATION				
<ol> <li>Sales through dealers and carriers, street vendors and counter sales.</li> </ol>	140		120	
2. Mail Subscription			,	
(Paid and or requested)	403		410	
C.TOTAL PAID AND/OR REQUESTED CIRCULATION				
(Sum of 9B1 and 9B2)	543		530	
D.FREE DISTRIBUTION	.1		. 1	*
1. BY MAIL, CARRIER OR OTHER MEANS	4		4	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE				
COPIES	<u> </u>		. 0	
E.TOTAL DISTRIBUTION (Sum of C, D1 and D2)	547		534	
F. COPIES NOT DISTRIBUTED	1.2.2			
1. Office use, left over, unaccounted, spoiled after printing	103		116	
2. Return from News Agents	0		0	
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	650		650	
Statement must be signed by Publisher, Business Mana			e of a Notary Public	ř
I swear that the statements made by me are true, o	correct, and comple	ete:		
Le Cinne aucher	Publisher			
(Signature)	(Title)			
	17th			
State of South Dakota )	Sworn to before me this / day of, 20 04			
, , , , , , , , , , , , , , , , , , ,	I vanette Kudilusen			
County of Handle County	Notary Public			
My commission expires: My Commission Expires January 9, 20				9, 2005
(Seal)		· · · · · · · · · · · · · · · · · · ·		